

CALIFORNIA HAZARDOUS WASTE MANIFEST

See reverse side for Instructions.
Please type or print clearly. Press Hard.

57396

State Department of Health Services
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P Street, Sacramento, CA 95814

① Manifest Number **015-001608**

SFUND RECORDS CTR
999000924

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| GENERATOR (Generator Must Complete) Name ALUMINUM COMPANY OF AMERICA VERNON WORKS EPA NO. C A D D 7 4 1 2 6 6 8 1 Address 5151 Alcoa Ave. Phone No. 588-6141 City, State, Zip Vernon, Ca. 90058 | ③ Designated TSD Facility (Authorized to operate under an approved state program or federal program) Name OPERATING INDUSTRIES, INC. EPA NO. C A D O 8 0 0 1 2 0 2 4 Address 900 N. Potrero Grande Dr. City, State, Zip Monterey Park, Ca. | ④ Alternate TSD Facility Name CHEMICAL WASTE MANAGEMENT INC. EPA NO. C A T O 0 0 6 4 6 1 1 7 Address P.O. Box 1104, 430 W. Elm Ave. City, State, Zip Coalinga, Ca. 93210 |
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|---|-----------------------|--------------|------------------|-------|--|
| ⑤ U.S. DOT PROPER SHIPPING NAME WASTE WASTE | U.S. DOT HAZARD CLASS | UN/NA ID NO. | WEIGHT OR VOLUME | UNITS | CONTAINERS NUMBER: TYPE: <input type="checkbox"/> DRUMS <input type="checkbox"/> BAGS <input type="checkbox"/> CARTONS <input type="checkbox"/> TANK TRUCK <input type="checkbox"/> DUMP TRUCK <input type="checkbox"/> OTHER |
|---|-----------------------|--------------|------------------|-------|--|

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| ⑥ WASTE CATEGORY #7 LIST COMPONENTS: | ⑦ EX. HAZ. WASTE PERMIT NO. | ⑧ GENERATING PROCESS Aluminum Fabrication |
|--|-----------------------------|--|

| | | |
|--|---|---|
| ⑨ A. _____ B. _____ C. _____ D. _____ | CONC. UPPER RANGE LOWER UNITS % ppm. % ppm. % ppm. % ppm. | E. _____ F. _____ G. _____ Non Hazardous Material 100 % |
|--|---|---|

⑩ WASTE PROPERTIES: pH **7** ☐ Toxic ☐ Flammable ☐ Corrosive/Irritant ☐ Reactive ☐ Sensitizer ☐ Carcinogen/Mutagen

⑪ PHYSICAL STATE: ☐ Solid ☒ Liquid ☒ Sludge ☐ Slurry ☐ Gas ☒ Other **Aluminum Oxides & Water**

⑫ SPECIAL HANDLING INSTRUCTIONS: ☐ Gloves ☐ Goggles ☐ Respirator ☐ Other

GENERATOR CERTIFICATION: This is to certify that the above named materials are properly classified, described, packaged, marked, labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and EPA.

IN THE EVENT OF A SPILL, CONTACT THE NATIONAL RESPONSE CENTER, U.S. COAST GUARD 1-800-424-8802

⑬ *K. Lump* Signature of Authorized Agent and Title **8-20-81** Date Shipped

TRANSPORTER (HAULER MUST COMPLETE)

⑭ NAME **ASBURY OIL CO.**
 EPA NO. **C A D O 2 8 2 7 7 0 3 6**
 ADDRESS **13419 Halldale Avenue** PHONE NO. **(213) 321-1392**
 CITY, STATE, ZIP **Gardena, California 90249**

⑮ PICK-UP DATE **8-20-81** TIME **6:30** ☒ AM ☐ PM
8-20-81 Date

⑯ *P.B. Lewis* Signature of Authorized Agent and Title

TSD FACILITY (FACILITY-OPERATOR MUST COMPLETE)

⑰ NAME **OPERATING INDUSTRIES, INC.** 18 QUANTITY (If Measured) **100 BBL**
 EPA NO. **C A T O 8 0 0 1 2 0 2 4** 19 STATE FEE (If Any) _____
 PHONE NO. _____

⑲ INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT: _____

IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY: _____

⑳ NAME _____
 EPA NO. _____

⑳ HANDLING OR DISPOSAL METHOD:
☐ Surface Impoundment ☐ Landfill
☐ Injection Well ☐ Land Treatment
☐ Treatment (Specify) _____
☐ Recovery or Reuse ☐ Storage/Transfer

㉑ *[Signature]* Signature of Authorized Agent and Title **8-20-81** Date Accepted

ORIGINAL